

REQUEST TO COUNTY COUNSEL
FOR LEGAL SERVICES
(Please put on Lavender Paper)

094.004
10-0971

TO: COUNTY COUNSEL

DATE: 09/22/2008

FROM: [Signature]
DEPARTMENT HEAD SIGNATURE
(Request must be approved by Dept. Head)

EL DORADO COUNTY COUNSEL
2008 SEP 24 AM 9:05
Daniel Newman

CONTACT PERSON: Mark Turner

TELEPHONE: 621-5409

INDEX CODE: _____ (If Index Code is blank we will assign to general index code for the department)

TYPE OF SERVICE REQUESTED: Approval of Superceding Records Disposition Schedule

(Advice, Opinion, Analysis, Review, Litigation, Personnel, Evaluation, Ordinance, Resolution, Approval, Subpoena Preparation and/or detail review of Contract/Agreement, etc.)

Note: Requesting department must make every effort to find out if this legal services request or a related request has been made in the past prior to making a new request thereby reducing duplicating research/review work. If a related request has been made, please advise below.

SUBJECT: Superceding Records Disposition Schedule - Assessor

SPECIFIC LEGAL QUESTION(S)/LEGAL ACTION REQUESTED: (Please summarize request and include any attachments. Do not just say "see attached".)

Please review and approve the attached amended schedule #A2 superceding #A1 Board of Supervisor's Records Disposition Schedule. Please return the approval page to Mark Turner, Supervising IT Analyst, Information Technologies.


BACKGROUND/DISCUSSION: (Submit all relevant documents. Letter/Memo may be attached in lieu of written discussion.)

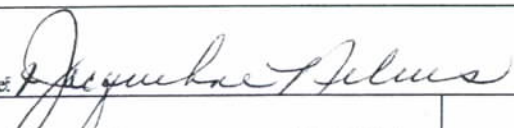
The Board of Supervisor's department established a Records Disposition Schedule under Board Resolution No. 129-91 on 04/30/1991 (see attached copy). They are now seeking to supercede that schedule.


RELATED MATTERS: _____

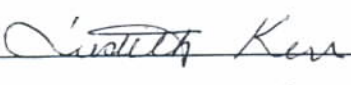
ANY HEARING/MEETING DEADLINE DATE TO BE MET: Yes No
DATE NEEDED BY: 10/22/2008

REQUEST FOR APPROVAL OF RECORDS DISPOSITION SCHEDULE To: Board of Supervisors The Board is requested to approve the attached Records Disposition Schedule(s). Approval constitutes continuing authority for the proper disposal of records.	DEPARTMENT: ASSESSOR
	DIVISION/UNIT:
	ADDRESS: 360 Fair Lane Placerville, CA 95667
	SCHEDULE NUMBER(S): A-2

1. RECORDS MANAGEMENT STATEMENT I have examined the attached Schedule(s) for compliance with County standards and policies and conformance with accepted records management practices.	Signature: 	
	Title: SUPV IT ANALYST	Date: 9/22/08

2. DEPARTMENT STATEMENT The attached Records Disposition Schedule(s) has/have been prepared after careful examination of all records with regard to operating, administrative, legal, fiscal, research, historical or archival value, as well as application of appropriate County, State and Federal rules, ordinances, regulations, and/or statutes governing records retention. I hereby certify that I am the lawful head of this department or that I am authorized to act for the lawful head of this department in matters pertaining to disposal of records.	Signature: 	
	Title: DIRECTORY INFO. TECH.	Date:

3. ARCHIVAL REVIEW As County Archivist, I have examined the Schedule(s) attached and have indicated those items which, in my judgment, have archival or research values and should be reviewed by my office before they are destroyed.	Signature: 	
	Title: SUPV IT ANALYST	Date: 9/22/08

4. COUNTY COUNSEL REVIEW As County Counsel, I have reviewed the retention periods assigned to records on the attached Schedule(s) to determine their conformance with all applicable laws, rules, decisions, and general policy of the Board of Supervisors.	Signature: 	
	Title: Deputy County Counsel	Date: 10/06/08

5. BOARD OF SUPERVISORS APPROVAL The attached Records Disposition Schedules are approved.	RESOLUTION NUMBER:	
	CLERK OF THE BOARD OF SUPERVISORS	
	Date:	